

3 FAM 3600 BENEFITS

3 FAM 3610 FEDERAL EMPLOYEES HEALTH BENEFITS PROGRAM, LONG-TERM CARE INSURANCE, AND FLEXIBLE SPENDING ACCOUNTS

(CT:PER-752; 10-31-2014)
(Office of Origin: HR/ER/WLD)

3 FAM 3611 AUTHORITIES

(CT:PER-752; 10-31-2014)

(State only)

(Applies to Foreign Service and Civil Service Employees)

- a. The legal authorities for the Federal Employees Health Benefits (FEHB) *program* are found in:
 - 5 U.S.C. 89; *and*
 - 5 CFR 890.
- b. In addition, the U.S. Office of Personnel Management (OPM) has published the FEHB Handbook to provide policies and procedures of the FEHB *program* and to provide additional guidance to those enrolled in the FEHB *program* and their employing offices.

3 FAM 3612 APPLICABILITY

(CT:PER-752 10-31-2014)

(State only)

(Applies to Foreign Service and Civil Service Employees)

- a. The administrative responsibilities and internal procedures described in this subchapter apply to Foreign Service and to Civil Service employees of the Department of State eligible under 5 CFR 890.
- b. These regulations address only certain aspects of the Federal Employees Health Benefits (FEHB) *program*. More comprehensive information is available through

the authorities referred to in 3 FAM 3611.

3 FAM 3613 RESPONSIBILITIES

3 FAM 3613.1 Office of Personnel Management (OPM)

(CT:PER-752; 10-31-2014)

(State only)

(Applies to Foreign Service and Civil Service Employees)

- a. The U.S. Office of Personnel Management (OPM) is responsible for the U.S. *government-wide* administration of the Federal Employees Health Benefits (FEHB) Program.
- b. Further information can be found on the OPM *website* or HR's *intranet site*.

3 FAM 3613.2 Health Benefits Officer

(CT:PER-752; 10-31-2014)

(State only)

(Applies to Foreign Service and Civil Service Employees)

The Department of State's designated Health Benefits Officer is located within the Bureau of Human Resources, Office of Employee Relations (HR/ER). The Health Benefits Officer is responsible for the coordination of the Federal Employees Health Benefits (FEHB) *program* and is the OPM contact for agency-wide insurance matters.

3 FAM 3613.3 HR Service Center

(CT:PER-752; 10-31-2014)

(State only)

(Applies to Foreign Service and Civil Service Employees)

- a. The HR Service Center, (843) 308-5539, or (866) 300-7419 (Toll Free), or HRSC@state.gov is responsible for:
 - (1) Certifying each employee's Federal Employees Health Benefits (FEHB) *program* insurance status, eligibility, and effective dates of benefits actions, including decisions on belated enrollment and change-of-enrollment requests;
 - (2) Explaining the FEHB program and its benefits to employees; and
 - (3) *Reviewing a submitted* Form SF-2809, Health Benefits Election Form, *for completeness, consistency, accuracy* and the *appropriateness of the action*.
- b. The HR Service Center performs these functions under guidance received from the U.S. Office of Personnel Management (OPM) and instructions issued by the

Health Benefits Officer.

3 FAM 3613.4 Bureau Human Resources Specialist or Post *Management* Officer

(CT:PER-752; 10-31-2014)

(State only)

(Applies to Foreign Service and Civil Service Employees)

A bureau HR specialist or post *management* officer should refer to the Federal Employees Health Benefits (FEHB) Handbook, which can be found on the U.S. Office of Personnel Management's *website*, when advising employees regarding FEHB *program* benefits.

3 FAM 3613.5 Payroll Office

(CT:PER-752; 10-31-2014)

(State only)

(Applies to Foreign Service and Civil Service Employees)

The payroll office (CGFS/C/APP) is responsible for the transmission of employee and employer contributions for the FEHB *program* to the U.S. Office of Personnel Management.

3 FAM 3614 KINDS OF FEHB PLANS

3 FAM 3614.1 General

(CT:PER-752; 10-31-2014)

(State only)

(Applies to Foreign Service and Civil Service Employees)

- a. The Federal Employees Health Benefits (FEHB) *program* includes three different types of health plans that have different approaches to health care coverage:
 - (1) Fee-for-Service plans (FFS);
 - (2) Health maintenance organizations (HMOs); and
 - (3) High-deductible and consumer-driven health plans with a health savings account or health reimbursement arrangement.
- b. The individual FEHB plan brochures contain information regarding negotiated plan benefits, exclusions, claims procedures, services provided, and appeal-of-service provisions *available on the U.S. Office of Personnel Management's website*.

3 FAM 3614.2 Fee-for-Service Plans

(CT:PER-752; 10-31-2014)

(State only)

(Applies to Foreign Service and Civil Service Employees)

These plans cover the employee worldwide and reimburse *the employee* health care provider for the cost of covered services. The employee may choose his or her own physician, hospital, and health care providers. Most fee-for-service plans have preferred-provider (PPO) arrangements. If the employee receives services from a preferred provider, employees usually have lower out-of-pocket expenses (i.e., a small co-payment and/or a reduced or waived deductible). All fee-for-service plans have precertification of inpatient admissions and preauthorization of certain procedures. Employees may review brochures on the U.S. Office of Personnel Management's *website*.

3 FAM 3614.3 Health Maintenance Organizations (HMO)

(CT:PER-752; 10-31-2014)

(State only)

(Applies to Foreign Service and Civil Service Employees)

- a. Health maintenance organizations (HMOs) provide or arrange for comprehensive health care services on a prepaid basis through designated-plan physicians, hospitals, and other providers in particular locations. A HMO sets a geographic area, called its service area, in which health care services will be available. This area is described in the plan's brochure. An employee may join a particular HMO if living within its service area. Some plans also accept enrollments from employees who work in the area even though they live elsewhere. If you have questions about whether you live or work within a HMO's service area, you should contact the plan before you enroll in it.
- b. Generally, employees must choose a primary-care physician and have all care coordinated through that physician. The physician is responsible for obtaining any pre-certification required for inpatient admissions or other procedures.

3 FAM 3614.4 High-Deductible and Consumer-Driven Health Plans with a Health Savings Account or Health Reimbursement Arrangement

(CT:PER-752; 10-31-2014)

(State only)

(Applies to Foreign Service and Civil Service Employees)

- a. A high-deductible health plan (HDHP) provides comprehensive coverage for high-cost medical events and a tax-advantaged way to help employees build

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U.S. Department of State Foreign Affairs Manual Volume 3
Personnel

savings for future medical expenses. The HDHP gives employees a greater flexibility and discretion over how they use their health care benefits.

- b. When you enroll in a *HDHP*, your health plan establishes for you either a health savings account (HSA) or a health reimbursement arrangement (HRA). The plan automatically deposits the monthly “premium pass through” into your *HSA*. The plan credits an amount into the HRA.
- c. A *HSA* allows employees to pay for current health expenses and save for future qualified medical expenses on a pre-tax basis. Funds deposited into a HSA are not taxed, the balance in the HSA grows tax-free, and that amount is available on a tax-free basis to pay medical costs.
- d. Employees who are enrolled in a HDHP may be eligible for a HSA. HSAs are subject to a number of rules and limitations established by the Department of Treasury. For more information, contact *the* U.S. Department of the Treasury, Health Savings Account.
- e. A consumer-driven plan provides employees with greater flexibility in making health care expenditures. The typical plan has common features including member responsibility for certain up-front medical costs, an employer-funded account that you may use to pay these up-front costs, and catastrophic coverage with a high deductible. You and your family receive full coverage of in-network preventive care.

3 FAM 3614.5 FEHB Plan Selection by Employee

(CT:PER-752; 10-31-2014)

(State only)

(Applies to Foreign Service and Civil Service Employees)

Each eligible employee must decide which Federal Employees Health Benefits (FEHB) plan is suited to *the employee* needs and provide timely enrollment information. Individual health plan brochures and FEHB comparison charts can be viewed on the U.S. Office of Personnel Management’s *website*. The HR Service Center, bureau HR specialists, and post *management* officers are prohibited from recommending or showing favoritism toward a particular FEHB plan or in any way trying to influence an employee’s final selection of an FEHB plan that best meets his or her needs.

3 FAM 3615 KINDS OF COVERAGE AND ELIGIBILITY TO ENROLL OR CHANGE ENROLLMENT

3 FAM 3615.1 Self-Only Enrollment

(CT:PER-752; 10-31-2014)

(State only)

(Applies to Foreign Service and Civil Service Employees)

Self-only enrollment provides coverage for the employee.

3 FAM 3615.2 Self and Family Enrollment

(CT:PER-752; 10-31-2014)

(State only)

(Applies to Foreign Service and Civil Service Employees)

- a. Self and family enrollment provides coverage for the employee and dependents. Dependents include spouse, and children under the age of 26. Certain conditions allow children over age 26 to remain covered under a family enrollment.
- b. For example, in some cases, a disabled child who is 26 years old or older is eligible for coverage if an employee obtains a Certificate of Incapacity from his or her agency providing adequate medical documentation of a mental or physical handicap that existed before the child's 26th birthday. Employee must provide medical documentation to the Office of Medical Services before a Certificate of Incapacity can be issued. Consult the *Federal Employees Health Benefits (FEHB) handbook* for guidance.
- c. To provide FEHB coverage for a new eligible family member, an employee must have self and family enrollment. See FEHB handbook for guidance.

3 FAM 3615.3 Children Covered

(CT:PER-752; 10-31-2014)

(State only)

(Applies to Foreign Service and Civil Service Employees)

- a. In addition to natural children, FEHB enrollment may also cover, up to age 26:
 - (1) An employee's legally adopted children;
 - (2) Recognized children born out of wedlock; and
 - (3) Stepchildren.
- b. Foster children (including grandchildren) may also be included up to the age of 26 if they live with their parent or step-parent in a parent-child relationship.

3 FAM 3615.4 Federal Employees Health Benefits Extension of Benefits to Same-Sex Spouses and Their Families

(CT:PER-752; 10-31-2014)

(State only)

(Applies to Foreign Service and Civil Service Employees)

- a. Self and Family enrollment provides coverage for legally married same-sex spouses, their children and step-children under the age of 26. Dependents will be treated as those of opposite sex marriages.*
- b. To provide Federal Employee Health Benefits (FEHB) coverage for a newly eligible family member, an employee must have a self and family enrollment. If the employee currently has Self and Family enrollment, the additional dependents will be automatically covered.*
- c. Employees must scan and include a copy of the marriage document clearly labeled with the Department of State employee's name and employee ID.*
- d. Employees must notify their FEHB provider to receive information regarding new dependents.*

3 FAM 3616 RECONSIDERATION AND FILING CLAIMS FOR PAYMENT OR SERVICE

3 FAM 3616.1 Reconsideration of Denial of Health Insurance or Change of Enrollment

(CT:PER-752; 10-31-2014)

(State only)

(Applies to Foreign Service and Civil Service Employees)

- a. An *employee* may request reconsideration of the Department's initial decision denying health insurance coverage or change of enrollment.
- b. Requests for reconsideration must be made in writing and should be addressed to the Department of State Health Benefits Officer within 30 days from the date of the initial decision.
- c. The time limit may be extended when the *employee* shows that *the employee* was not notified of the time limit and was not otherwise aware of it, or that *the employee* was unable, due to reasons beyond *the employee* control, to make the request within the time limit.
- d. Requests for reconsideration must include the following information:
 - (1) Claimant's name and address;

- (2) Date of birth;
 - (3) Social Security Number;
 - (4) Reason(s) for the request;
 - (5) Name of health insurance provider; and
 - (6) A copy of the written initial decision.
- e. For additional information on filing a request for reconsideration, contact the *Department of State* Health Benefits Officer (see 3 FAM 3613.2).

3 FAM 3616.2 Filing Claims for Payment or Service

(CT:PER-752; 10-31-2014)

(State only)

(Applies to Foreign Service and Civil Service Employees)

Each health benefits provider resolves claims filed under the plan. For more information, employees should refer to 5 CFR 890.105.

3 FAM 3617 FEDERAL LONG-TERM CARE INSURANCE PROGRAM AUTHORITIES

(CT:PER-752; 10-31-2014)

(State only)

(Applies to Foreign Service and Civil Service Employees)

- a. The legal authorities for the Federal Long-Term Care Insurance Program are found in Public Law 106-265, The Long Term Care Security Act, 5 U.S.C. 9001 et seq., as amended, and 5 CFR 875.
- b. *More detailed information regarding the Federal Long-Term Care Insurance Program can be found on the U.S. Office of Personnel Management's website.*

3 FAM 3617.1 Federal Long-Term Care Insurance Program (FLTCIP)

(CT:PER-752; 10-31-2014)

(State only)

(Applies to Foreign Service and Civil Service Employees)

- a. *Legally married same-sex spouses can apply for FLTCIP.*
- b. *Regulations published in the Federal Register on June 1, 2010, (5 CFR 875.213) expanded the definition of a "qualified relative" to include same-sex domestic partners of eligible Federal employees and annuitants. Like all "qualified relatives," same-sex domestic partners are subject to full underwriting.*

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U.S. Department of State Foreign Affairs Manual Volume 3
Personnel

- c. *To apply for the FLTCIP, same-sex domestic partners must check a box on the FLTCIP application certifying that documentation of the domestic partnership has been submitted to the HR Service Center at HRSC@state.gov or send it via fax to 843-202-3807 for processing. A copy of the certification form will be placed in the employee's eOPF.*
- d. *Before submitting an application for coverage under the FLTCIP, an eligible same-sex domestic partner needs to provide documentation, in addition to the Declaration of Domestic Partnership form that the employee and the employee's partner meet the definition of domestic partnership.*
- e. *To enroll, all employees must contact a FLTCIP consultant at the FLTCIP webpage or call 1-800-582-3337 or TTY 1-800-843-3557 for further information.*

3 FAM 3618 FLEXIBLE SPENDING ACCOUNTS FOR FEDERAL EMPLOYEES (FSA/FEDS)

(CT:PER-752; 10-31-2014)

(State only)

(Applies to Foreign Service and Civil Service Employees)

- a. The Federal Flexible Benefits Plan (FedFlex) enables eligible employees to pay for certain benefits with pre-tax dollars. In 2003, the U.S. Office of Personnel Management (OPM) expanded FedFlex by offering a new type of benefit called flexible spending accounts (FSAFEDS). FSAFEDS offers three different flexible spending accounts (FSA):
 - (1) A health care flexible spending account;
 - (2) A dependent care flexible spending account; and
 - (3) A limited-expense health care flexible spending account.
- NOTE:** The FSA is a tax-qualified program based on the guidelines in sections 105, 125, and 129 of the Internal Revenue code.
- b. An open season is held each year at the same time as the Federal Employees Health Benefits *program* Open Season (November-December) during which employees may enroll in a FSA for the following year. An employee's yearly election to participate will not roll over to the next year. An FSA election is 100 percent voluntary.
 - c. A health care *FSA* pays for uncovered or unreimbursed portions of qualified medical costs. A dependent care *FSA* allows you to pay eligible expenses for dependent care with pre-tax dollars. The limited expense health care *FSA* is designed for employees enrolled in, or covered by, a high-*deductible* health plan with a *HSA*. Eligible expenses are limited to dental and vision care expenses for you, your spouse, your tax dependents, and your adult children through the end of the calendar year in which they turn age 26 that are not

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U.S. Department of State Foreign Affairs Manual Volume 3
Personnel

covered or reimbursed by *the Federal Employees Health Benefits Program, the Federal Employees Dental and Vision Insurance Program, or other insurance programs.*

NOTE: *Beginning in 2013, the U.S. Office of Personnel Management allows employees to submit claims for medical expenses for their same-sex spouse and newly qualifying children or step-children to their FSA.*

- d. All employee contributions to FSAs are made from pre-tax earnings. There are no U.S. *government* contributions to the FSAFEDS *program*.
- e. OPM has placed the responsibility for implementing and managing FSAs with SHPS Inc., the administrator of the program.
- f. For further information, visit www.FSAFEDS.com or call 1-877-372-3337, Monday through Friday, 9:00 am to 9:00 pm, Eastern Time.

3 FAM 3619 FEDERAL EMPLOYEE DENTAL AND VISION INSURANCE PROGRAM (FEDVIP)

(CT:PER-752; 10-31-2014)

(State only)

(Applies to Foreign Service and Civil Service Employees)

- a. *Dental and vision insurance benefits are available to employees, retirees, and the employees and retirees dependents regardless of the employee's state of residency.*
- b. *Eligible family members include a spouse, including legally married same-sex spouse, unmarried dependent children under age 22, legally adopted children, stepchildren and foster children who live with the employee in a regular parent-child relationship, and recognized natural children who meet certain dependency requirements. Under certain circumstances, an employee may also continue coverage for a disabled child 22 years of age or older who is incapable of self-support.*
- c. *The Federal Employees Dental and Vision Program (FEDVIP) offers three types of enrollment:*
 - (1) Self Only*
 - (2) Self and Family or;*
 - (3) Self Plus One.*
- d. *Dental and vision insurance benefits are available to eligible employees and the employee eligible family members on an enrollee-pay-all basis. This program allows dental and vision insurance to be purchased on a group basis which means competitive premiums and no pre-existing condition limitations. Premiums for enrolled Federal and Postal employees are withheld from salary on a pre-tax basis.*

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U.S. Department of State Foreign Affairs Manual Volume 3
Personnel

- e. Enrollment takes place during the annual Federal Benefits Open Season in November and December. New and newly eligible employees can enroll within 60 days after they become eligible.*
- f. Employees must be eligible for the FEHB program in order to be eligible to enroll in FEDVIP. It does not matter if they are actually enrolled in FEHB - eligibility is the key. Annuitants do not have to be eligible or enrolled in the FEHB program.*
- g. For enrollment/premium questions regarding dental and vision insurance, please contact BENEFEDS at 877-888-372-3337. To enroll in FEDVIP, employees must visit BENEFEDS online.*